# BREASTFEEDING

## What is it?

***Breastfeeding involves feeding an infant with milk directly from the mother's breast.***

## What is it important?

Breast milk is promoted by the World Health Organisation and the New Zealand Ministry of Health as the best food for infants.[1, 2] Breastfed infants have a reduced risk of infectious disease, such as meningitis, gastroenteritis, and respiratory and ear infections because of maternal antibodies in breast milk.[3] Breastfed infants also appear to have a reduced risk of sudden infant death syndrome (SIDS), and a lower risk of being overweight during childhood and adulthood.[4] The long term protective effects of breastfeeding appear to be related to the duration and exclusivity of breastfeeding.[5] In addition, breastfeeding has benefits for the mother, with women who have ever breastfed having a lower risk of breast cancer compared to women who have never breastfed.[6]

## Data

When comparing breastfeeding rates at 6 weeks, 3 months and 6 months for the period 1 July 2009 to 31 December 2009 inclusive, for Canterbury[7]. New Zealand targets for breastfeeding were set for 2008 and these have not been updated. They are set at 74% exclusive or fully breastfeed at 6 weeks, 57% at three months and 27% at six months.[8] The following definitions are used when reporting breastfeeding:

| | |
|---|---|
| *Exclusively breastfed* | The infant has only ever received breast milk, with no water, formula or other liquid or solid food |
| *Fully breastfed* | Breast milk only in the last 48 hours |
| *Partially breastfed* | Breast milk and some formula or other solid in the last 48 hours |
| *Artificially fed* | No breast milk but alternative liquid, such as formula (with or without solid food) in the last 48 hours. |

Breastfeeding data is available from Plunket and through the CDHB. The data overleaf is from the CDHB and includes data from all well child providers but is not available by partial and artificial feeding.

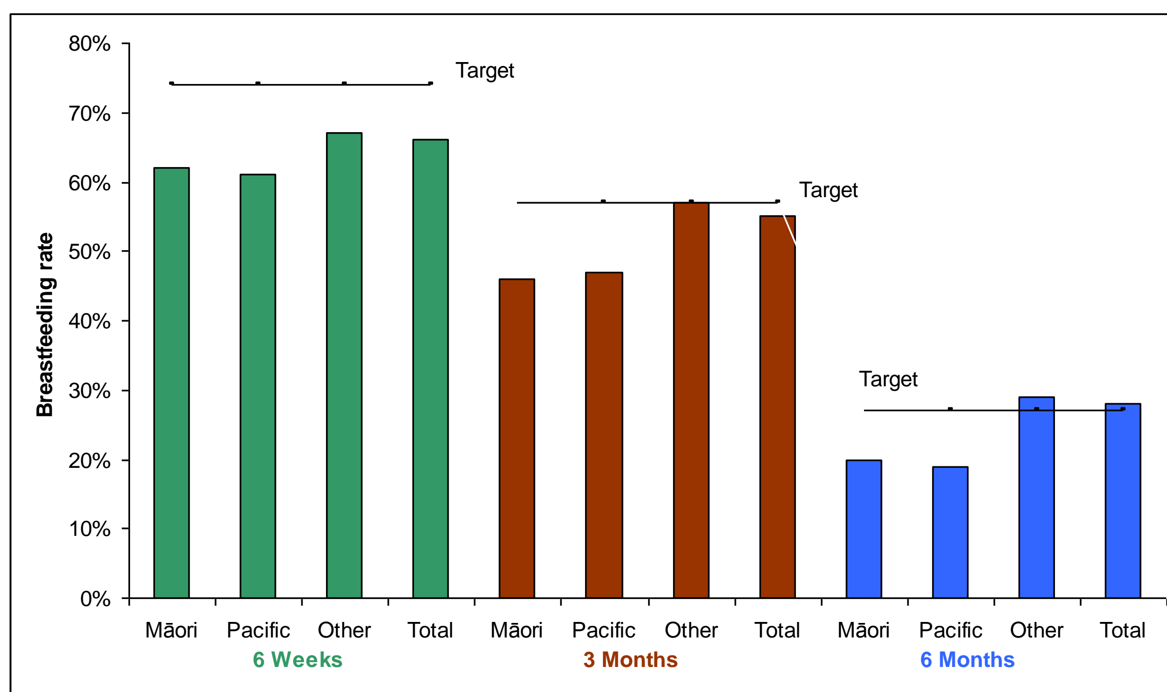
[1] Ministry of Health. 2008. Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A background paper. (4th Ed). Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/7756/$File/0-2-food-and-nutrition-guidelines-may08.pdf Accessed 12.08.10.
[2] World Health Organisation, UNICEF. 2003. Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organisation.
[3] Ministry of Health. 2001. New Zealand Health Strategy DHB Toolkit: Improve Nutrition. Wellington: Ministry of Health.
[4] Harder T, Bergmann R, Kallischnigg G, Plagemann, A. 2005. Duration of breastfeeding and risk of overweight: a meta-analysis. *American Journal of Epidemiology* 162 (5): 397-403.
[5] Riordan J. 2005. Breastfeeding and human lactation. Toronto: Jones and Bartlett.
[6] Ministry of Health. 2008. Op cit.
[7] Plunket New Zealand.
[8] Ministry of Health. 2008. Op cit

**Table 1 Canterbury Breastfeeding rates by ages and ethnicity, 2010**[9]

| | 6 Weeks | | | | 3 Months | | | | 6 Months | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Māori | Pacific | Other | Total | Māori | Pacific | Other | Total | Māori | Pacific | Other | Total |
| Full and Exclusive | 373 | 157 | 2668 | 3198 | 332 | 125 | 2743 | 3200 | 153 | 52 | 1485 | 1690 |
| Total babies | 603 | 257 | 4000 | 4860 | 716 | 266 | 4838 | 5820 | 779 | 267 | 5070 | 6116 |
| Rate | 62% | 61% | 67% | 66% | 46% | 47% | 57% | 55% | 20% | 19% | 29% | 28% |

Table 1 shows the breastfeeding rates are not met at 6 weeks, they are met only for 'other' ethnicities at 3 months and are met for the overall total and 'other' ethnicities at 6 months but not for Maori and Pacific at this age. Figure 1 below depicts this.

**Figure 1 Canterbury Breastfeeding rates by ages and ethnicity, 2010**[10]




## *Impact on inequalities*

Breastfeeding rates for Māori, Pacific, and Asian peoples are significantly lower on average across New Zealand than those of other New Zealanders. In Canterbury, as well as nationally, exclusive breastfeeding rates reduce from six weeks to six months. The lowest rates of breastfeeding are for Māori and Pacific groups, and the highest rates for 'Other' groups. Despite the known risks of not breastfeeding, only about 28% of Canterbury babies are fully or exclusively breastfed during their first six months. Low income families and young mothers have lower breastfeeding rates than other groups. These discrepancies contribute to disparities in health status. [11]

As noted by the Breast Feeding Authority increasing breast feeding rates has the ability to impact on reducing equalities along a range of issues such as tinana (physical health), wairua (spiritual), hinengaro (mental and emotional health), and whānau (health of the family).

[9] CDHB, 2011, Planning and Funding, HEHA team
[10] ibid
[11] National Breastfeeding Advisory Committee of New Zealand. 2009. National Strategic Plan of Action for Breastfeeding 2008–2012: National Breastfeeding Advisory Committee of New Zealand's advice to the Director-General of Health. Wellington: Ministry of Health. http://www.moh.govt.nz/moh.nsf/pagesmh/8939/$File/breastfeeding-action-plan.pdf Accessed 12.08.10.

Returning to work, particularly within six months of the baby's birth, has a negative effect on breastfeeding duration, often associated with practical considerations (for example access to the infant, facilities for breastfeeding and expressing). Breastfeeding women who return to work for economic reasons are less likely to be eligible for either paid parental leave or to be employed in a workplace that values and enables breastfeeding. [12]

## Solutions

The National Breastfeeding Advisory Committee (NBAC) [13] launched a National Strategic Plan of Action for Breastfeeding 2008-2010 with the aim of improving breastfeeding rates in New Zealand. The plan noted that the challenge for increasing breastfeeding uptake was to increase the rates of breastfeeding at six weeks, three months, six months and beyond. Four settings (government, family and community, health services, and workplace, childcare and early childhood education) were indentified for short, medium and long term action.

There is strong evidence that labour policies influence breastfeeding duration. Countries with the longest duration of paid parental leave, coupled with supportive social environments, tend to be those with the highest rates of breast feeding at six months and beyond. Policies and practices are needed to ensure supportive workplace environments for breastfeeding mothers across all employers. For women who choose or need to return to work and who wish to continue breastfeeding, childcare and early childhood education policies and practices are also critical.

Canterbury has an extensive Canterbury Breastfeeding Network[14] that provides support and information to parents and families, and holds events, such as an annual Hui to publicise and promote breastfeeding. Local initiatives implemented have included Training for Māori and Pacific Providers; Young Parents Breastfeeding Group; Canterbury Breastfeeding Advocacy Service; La Leche League Mother to Mother/Peer Support Programme. Ongoing work includes a focus on community breastfeeding friendly projects, ensuring The *International Code of Marketing Breast-milk Substitutes*[15] is upheld and support for paid workforce issues for breastfeeding, specifically in the early childhood education setting.

## Data limitations

Plunket covers approximately 90% of the whole child health service coverage for breastfeeding rates while CDHB covers a wider range of providers but does not break the data down in such detail.

## Connections with other issues

Child and Adolescent Oral Health, Food Security, Access to After hours Primary Care, Mental Health, Cancer

## Impact of the earthquakes

The direct impact of the earthquake on breastfeeding rates at this time is unknown. Mothers will be concerned that stress levels may have impacted on their ability to breastfeed but the advice to mothers was to continue breastfeeding as the best way to support their baby. The levels of some services has been reduced, i.e. fewer La Leche League volunteer workers for a period of time. The Canterbury Breastfeeding Network site is keeping consumers and health professionals informed[16].

[12] Ibid.
[13] Information in this and the following paragraph taken from the National Strategic Plan of Action for Breastfeeding cited above.
[14] http://www.cbnet.org.nz/ Accessed 12.08.10.
[15] Aims to end the practice of distribution of free and low cost supplies of breast milk substitutes to hospitals and healthcare facilities in accordance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions. NZBA Baby Friendly Hospital Initiative. http://www.babyfriendly.org.nz/resources/pdf/Part%201.pdf Accessed 03.05.10.
[16] http://www.cbnet.org.nz/section/8946/canterbury-breastfeeding-network/